

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/284,683

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	7						51			
2		1					52			
3		0					53			
4	0	0					54			
5	0	0					55			
6	0	0					56			
7	0	0					57			
8	0	0					58			
9	0	0					59			
10	0	0					60			
11	0	0					61			
12	0	0					62			
13	0	0					63			
14	0	0					64			
15	0	0					65			
16	0	0					66			
17	0	0					67			
18	0	0					68			
19	0	0					69			
20	0	0					70			
21	0	0					71			
22	1						72			
23		1					73			
24	0	0					74			
25	0	0					75			
26	0	0					76			
27	0	0					77			
28	0	0					78			
29	0	0					79			
30	0	0					80			
31	0	0					81			
32	0	0					82			
33	0	0					83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	31						TOTAL DEP.			
TOTAL CLAIMS	33						TOTAL CLAIMS			

BEST AVAILABLE COPY